

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2006</h3>		<b>Complete if Known</b> Application Number 10/712,648-Conf. #8968 Filing Date November 12, 2003 First Named Inventor Jim Belcher Examiner Name B. M. Ortiz Art Unit 2164 Attorney Docket No. 09386/100M230-US1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,020.00			

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 04-0100    Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**  
 3    - 20 =    x    =    **Fee (\$)**    **Fee Paid (\$)**  
 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**  
 2    - 3 =    x    =    **Fee (\$)**    **Fee Paid (\$)**  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

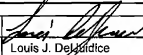
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50	_____ (round up to a whole number) x _____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	47,522
Name (Print/Type)	Louis J. DeJodice	Telephone	(212) 527-7791
		Date	November 21, 2006

Express Mail Label No. _____	Dated: _____
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# AMENDMENT TRANSMITTAL LETTER

Docket No.  
09386/100M230-US1

Application No.  
10712,648-Conf. #8968

Filing Date  
November 12, 2003

Examiner  
B. M. Ortiz

Art Unit  
2164

Applicant(s): Jim Belcher et al.

Invention: REMOTE INTELLIGENT CONTENT AUTHORIZING AND CONVERSION SYSTEM

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

### CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,020.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 04-0100 in the amount of \$ \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.

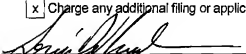
☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☒ Payment by credit card. ~~Form PTO 2038 is attached.~~

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Louis J. DeJure  
Attorney/Agent Reg. No.: 47,522

Dated: November 21, 2006

DARBY & DARBY P.C.  
P.O. Box 5257  
New York, New York 10150-5257  
(212) 527-7791

Express Mail Label No. \_\_\_\_\_

Dated: \_\_\_\_\_